

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214513111					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>SOUTHWEST VIRGINIA AREA HEALTH EDUCATION CENTER</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>HOWARD CHAPMAN</b>  <b>TRI-AREA COMMUNITY HEALTH</b>  <b>14588 DANVILLE PIKE</b>    <b>LAUREL FORK, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>CARROLL COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2014</b></p> <p>SCC ID NO: <b>04079836</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: TRI-AREA COMMUNITY HEALTH 14588 DANVILLE PIKE</p> <p style="text-align: center;">CITY/ST/ZIP: LAUREL FORK, VA 24235</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARGIE TUCKER, PH.D.  TITLE: CHAIR  ADDRESS: UVA-WISE  1 COLLEGE AVENUE  CITY/ST/ZIP/CO: WISE, VA 24293 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARGIE TUCKER, PH.D. TITLE: CHAIR ADDRESS: UVA-WISE 1 COLLEGE AVENUE CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARGIE TUCKER, PH.D. TITLE: CHAIR ADDRESS: UVA-WISE 1 COLLEGE AVENUE CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JODY BENTLEY, D.O.  TITLE: SEC/TREASURER  ADDRESS: COMMUNITY CLINIC  716 SPRING AVE NE  CITY/ST/ZIP/CO: WISE, VA 24293 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JODY BENTLEY, D.O. TITLE: SEC/TREASURER ADDRESS: COMMUNITY CLINIC 716 SPRING AVE NE CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JODY BENTLEY, D.O. TITLE: SEC/TREASURER ADDRESS: COMMUNITY CLINIC 716 SPRING AVE NE CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUE CANTRELL, M.D.  TITLE: MEMB AT LARGE  ADDRESS: LENOWISCO HEALTH DISTRICT  134 ROBERTS ST NW  CITY/ST/ZIP/CO: WISE, VA 24293 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SUE CANTRELL, M.D. TITLE: MEMB AT LARGE ADDRESS: LENOWISCO HEALTH DISTRICT 134 ROBERTS ST NW CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUE CANTRELL, M.D. TITLE: MEMB AT LARGE ADDRESS: LENOWISCO HEALTH DISTRICT 134 ROBERTS ST NW CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELLEN COALE, R.D.  TITLE: DIRECTOR  ADDRESS: 1015 HIGHLAND CIRCLE  CITY/ST/ZIP/CO: BLACKSBURG, VA 24060 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ELLEN COALE, R.D. TITLE: DIRECTOR ADDRESS: 1015 HIGHLAND CIRCLE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELLEN COALE, R.D. TITLE: DIRECTOR ADDRESS: 1015 HIGHLAND CIRCLE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	ROGER HOFFORD, M.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	CARILION CLINIC FAMILY MEDICINE RESIDENCY		
CITY/ST/ZIP/CO:	1314 PETERS CREEK RD ROANOKE, VA 24017		
NAME:	SANDY HUGUENIN, PH.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UVA-WISE		
CITY/ST/ZIP/CO:	1 COLLEGE AVENUE WISE, VA 24293		
NAME:	ANDREW LOCKMAN, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UVA		
CITY/ST/ZIP/CO:	1215 LEE ST CHARLOTTESVILLE, VA 22908		
NAME:	MAURICE NIDA, D.O.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CLOVERLEAF SQUARE		
CITY/ST/ZIP/CO:	SUITE F1 BIG STONE GAP, VA 24219		
NAME:	CAROLE PRATT, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4664 LEE HWY		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084		
NAME:	TOM TOWNSEND MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ETSU DEPT OF FAMILY MEDICINE		
CITY/ST/ZIP/CO:	208 MEDICAL PARK BLVD BRISTOL, TN 37620		
NAME:	Ann Townsend, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C-Health		
CITY/ST/ZIP/CO:	P.O. Box 2377 Lebanon, VA 24266		
NAME:	Melody Counts, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16298 Highlands Log Dr.		
CITY/ST/ZIP/CO:	Abingdon, VA 24210		
NAME:	John Lucas, D.O.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VCOM-Virginia Campus		
CITY/ST/ZIP/CO:	2265 Kraft Drive Blacksburg, VA 24060		
NAME:	Marilyn Pace Maxwell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Mountain Empire Older Citizens		
CITY/ST/ZIP/CO:	P.O. Box 796 Norton, VA 24273		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARGIE TUCKER, PH.D.	MARGIE TUCKER, PH.D., CHAIR	3/11/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.